

Exhibit N Board of Parole Documents



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

I, SOROKIN, ANNA, have received and reviewed the Department of Motor Vehicles documents retrieval procedure of a Non-Driver Photo ID with my Offender Rehabilitation Coordinator/Transitional Services Coordinator.

Inmate Signature: _____

DIN #: 19G0366

Date: 2/8/2021

ORC/Designee Name/Signature: _____

Date: 2/8/21



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

**Pre-Release Notice to Individuals Subject to Community Supervision
Regarding Requests to Have Parental Contact with Biological/Adopted Minor Child(ren)
When a Condition of Supervision Limiting or Prohibiting Contact is
Contemplated or has been Imposed**

Name: Sondkin, A. DIN: 1960366 NYSID: 13963268N

Your release on community supervision is subject to certain conditions in order to increase your likelihood of being a law abiding member of the community. If you are the parent of a biological or adopted minor child and you have a special condition prohibiting or limiting contact with minors, and you wish to have contact with your child, you must make a request in writing to your Parole Officer for a determination regarding contact with your child.

Written requests for parental contact will be reviewed and determined eligible for further processing once the following materials have been satisfactorily submitted by you to your assigned Parole Officer:

1. A statement that a condition of supervision exists that prohibits or limits contact with your minor child; and
2. A statement that you desire to have contact with such child; and
3. Documentary proof that you are the biological or adoptive parent of the child; and
4. A statement that the child is under the age of 18; and
5. A signed statement from the other parent or guardian of the child that supports contact between you and the child; and
6. A statement made under the penalty of perjury that you are not aware of any Order of Protection or other Court Order prohibiting or limiting the type of level of contact with the child you are seeking.

Once all materials are received and reviewed, an investigation will commence. You and the other parent/guardian of the child may be requested to sign release of information forms to assist in the investigation. Any special conditions limiting or prohibiting contact will remain in effect while this investigation is pending.

You will be provided written notice of the Department's decision.
Thank you.

SIGNATURE 

DATE 8/13/2020

c: Case folder

State of New York
Department of Corrections and Community Supervision (DOCCS)

SUPERVISION FEE ACKNOWLEDGEMENT FORM

Name: S. BOROKIN, ANNA DIN: 19G0366 NYSID: 13963268N

Offender Rehabilitation Coordinator (ORC): I. Jean, ORC

Supervising Offender Rehabilitation Coordinator (SORC): WHITE

Facility: ALBION C.F.

Date of Interview: 2/8/21

AS I understand I am required under NYS Corrections Law §201 (9)(a) to pay a monthly supervision fee of \$30 while under community supervision.

AS I understand that my Parole Officer is responsible for monitoring my compliance with fee payment and my Parole Officer will review my income/financial situation to determine if any fee adjustment is warranted. I understand that I must provide my Parole Officer with any and all financial information and documentation he or she may request to make this determination. If I believe I am not able to pay the required monthly supervision fee, I understand it is my responsibility to make efforts to pay such fee in order to obtain any fee adjustment consideration by my Parole Officer and the Senior Parole Officer.

AS I understand that my supervision fees may be paid via money order to a contractor (JPay) provided Post Office Box or by credit or debit card via MoneyGram, JPay online, JPay mobile app, or telephone to JPay. I further understand that if I make supervision fee payments via MoneyGram, JPay online, JPay mobile app, or via telephone to JPay, I will be required to pay a convenience transaction fee (money transfer fee) in addition to the monthly payment. I also understand that there is no JPay transaction fee for payments made via money order.

AS I understand that my early discharge from community supervision (5 Year Discharge, 3 Year Discharge or Merit Termination of Sentence) and any consideration by the Department of Corrections and Community Supervision (DOCCS) for issuance of a Certificate of Relief from Disabilities or a Certificate of Good Conduct may be denied if I do not make a good faith effort to pay the supervision fee.

AS I understand that my failure to pay the required supervision fee may subject me to debt collection proceedings in which the Department of Corrections and Community Supervision (DOCCS) or the State of New York will seek a judgment against me in a court of competent jurisdiction for the entire amount of unpaid fees, and thereafter, will utilize whatever remedy the law allows for, e.g., wage garnishment, to collect that amount.

Parolee Signature: [Signature]

Date: 2/8/2021

ORC/SORC Signature: I. Jean, ORC

Date: 2/8/2021

Applicable to releases to Community Supervision on or after July 8, 2020

STATE OF NEW YORK
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION (DOCCS)
CERTIFICATE OF RELEASE TO COMMUNITY SUPERVISION

SENTENCE: Indeterminate

RELEASE TYPE: Merit Time (Parole Board)

INMATE RELEASE FUNDS: \$78.97 RESTITUTION/SURCHARGES: Total amount of court fines is \$24,000; Inmate has paid to date \$2,555.25.

NYSID: 13963268N DIN: 19G0366

Sorokin, Anna, now confined in Albion Correctional Facility who was convicted and/or adjudicated of:

CRIME/COUNTS	SENTENCE	COUNTY	COURT	SENTENCING DATE	JUDGE
Att. Grand Larceny - Not Auto 1 ST	4-0-0/12-0-0	New York	Supreme	05/09/2019	Kiesel
Grand Larceny - Not Auto 2 nd (2cts)	4-0-0/12-0-0, cc	New York	Supreme	05/09/2019	Kiesel
Grand Larceny - Not Auto 3 RD	2-4-0/7-0-0, cc	New York	Supreme	05/09/2019	Kiesel

has agreed to abide by the conditions to which they have signed their name below, and is hereby granted release, by virtue of the authority conferred by New York State Law.

Maximum Expiration Date: October 19, 2029

PRS Maximum Expiration Date: N/A

Post-Release Supervision Period (years/months/days): N/A

It is hereby directed that Sorokin, Anna be released and placed under legal jurisdiction of the Department of Corrections and Community Supervision until the Community Supervision End Date of October 19, 2029.

Date of Release: Thursday, February 11, 2021

Parole Eligibility Date: Tuesday, October 19, 2021

Board of Parole: Coppola & Crangle

Board Decision Date: Tuesday, October 06, 2020

Approved Residence Address: DHS-Brooklyn Women's Assessment, 116 Williams Avenue

City/State/Zip: Brooklyn, NY 11207

I, Sorokin, Anna, understand I will be subject to Community Supervision. I fully understand that my person, residence and property are subject to search and inspection. I understand that Community Supervision is defined by these Conditions of Release and all other conditions that may be imposed upon me by the Board of Parole or an authorized representative of the Department of Corrections and Community Supervision. I understand that my violation of these conditions may result in the revocation of my release.

CONDITIONS OF RELEASE

1. I will proceed directly to the area to which I have been released and, within twenty-four hours or by the next available business day after my release, make my arrival report to the Community Supervision Office indicated below. I will make office and/or other reports thereafter as directed by my Parole Officer.

Assigned Bureau: Brooklyn IV Area Office
Assigned Bureau Address: 15 2nd Avenue
City/State/Zip: Brooklyn, NY 11215
Bureau Phone Number: 718-780-9316
Assigned Parole Officer: C. Guiden
Assigned Senior Parole Officer: D. Granum

☐ ORIGINAL TO CENTRAL FILES ☐ INMATE COPY

☐ COMMUNITY SUPERVISION FOLDER (GREY FOLDER) ☐ COPY TO FACILITY IRC

Applicable to releases to Community Supervision on or after July 8, 2020

Emergency/After Office Hours & Weekends, contact the Community Supervision Operations Center (CSOC) (212) 239-6159

I will report within 24 hours of release with all release paperwork Brooklyn IV Area Office.

2. I will not leave the State of New York or any other state to which I am released or transferred, or any area defined in writing by my Parole Officer without permission.
3. I will not abscond, which means intentionally avoiding supervision by failing to maintain contact with my Parole Officer and failing to reside at my approved residence.
4. I will permit my Parole Officer to visit me at my residence, will permit the search and inspection of my person, residence and property, and will discuss any proposed changes in my residence, employment or program status with my Parole Office.
5. I will reply promptly, fully and truthfully to any inquiry of, or communication by, my Parole Officer or other representative of the Department of Corrections and Community Supervision.
6. I will notify my Parole Officer any time I am in contact with, or arrested by, law enforcement. I understand, like every member of the public, I have a right to seek the assistance of law enforcement at any time.
7. I will not act in concert with a person I know to be engaged in illegal activity.
8. I will not behave in such a manner as to violate the provisions of any law to which I am subject which provides for a penalty of imprisonment, nor will my behavior threaten the health and safety of myself or others.
9. I will not own, possess, or purchase a shotgun, rifle, or firearm of any type including any imitation firearm. I will not own, possess or purchase any deadly weapon or use any dangerous instrument, as those terms are defined under Article 10 of the Penal Law. Further, I will not possess a dangerous knife or razor without the permission of my Parole Officer.
10. In the event that I leave the jurisdiction of the State of New York, I hereby waive my right to contest extradition to the State of New York from any state in the Union and from any territory or country outside the United States. This waiver shall be in full force and effect until I am discharged from community supervision. I fully understand that I have the right under the Constitution of the United States and under law to contest an effort to extradite me from another state and return me to New York, and I freely and knowingly waive this right as a condition of my community supervision.
11. I will not use or possess any drug paraphernalia or use or possess any controlled substance without proper medical authorization.
12. I will fully comply with the instructions of my Parole Officer.
13. I will fully comply with those special conditions set by my Parole Officer, a Member of the Board of Parole or an authorized representative of the Board or the Department of Corrections and Community Supervision. I understand that special conditions are additional conditions, set on an individualized basis, meant to be reasonably tailored to my circumstances and aimed toward my rehabilitation. I will fully comply with the following special conditions:

- SC1 I will seek, obtain, and maintain employment and/or an academic/vocational program.
- SC2 I will submit to Substance Abuse Testing, as directed by the PAROLE OFFICER.
- SC8 I will abide by a curfew established by the PAROLE OFFICER.
- SC15 I will NOT associate in any way or communicate by any means with victim(s) Rachel Williams without the permission of the PAROLE OFFICER.
- SC20 I will comply with all court orders including those ordering **finances, surcharges, and/or restitution.**
- SC22 I will NOT act in any fiduciary capacity without the permission of the PAROLE OFFICER.
- SC23 I will NOT have a checking, savings, debit, or credit card account, without the permission of the PAROLE OFFICER.
- SC27 **OTHER: I will abide by geographic restrictions as directed by the PAROLE OFFICER.**
- SC31A I will proceed directly to the I.C.E. **Warrant** and if released prior to the maximum expiration date of my sentence or if released prior to the post-release supervision maximum expiration (P.R.S.M.E.) date, I will within 24 hours of my release, report to the area office as noted on my Certificate of Release. If deported, I understand that I cannot re-enter the United States unless my re-entry is authorized under 8 U.S.C. 1326. If I am convicted of illegally re-entering the United States, 8 U.S.C. 1326 authorizes the United States District Court to impose a fine, period of imprisonment up to ten (10) years, or both.
- SC31B I further understand that I cannot re-enter the United States prior to the maximum expiration of my sentence, unless I receive prior written permission from the NYS Board of Parole. Also, I fully understand that re-entry to the United States, prior to the maximum expiration of my sentence, may be the basis for a revocation of my release.

☐ ORIGINAL TO CENTRAL FILES ☐ INMATE COPY

☐ COMMUNITY SUPERVISION FOLDER (GREY FOLDER) ☐ COPY TO FACILITY IRC

19G0366, SOROKIN, ANNA

Applicable to releases to Community Supervision on or after July 8, 2020

I fully understand that a violation of any condition of release in an important respect may result in the revocation of my period of Community Supervision. I hereby certify that I understand and have received my Certificate of Release to Community Supervision.

Signed the 8th day of Feb., 2021

Releasee: [Signature]

Witness Signature: [Signature]

Witness Name: T. Leon

Witness Title: ORC

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Corrections and Community Supervision

ANDREW M. CUOMO
Governor

TINA STANFORD
Chairwoman, Board of Parole

PAROLE BOARD RELEASE AUTHORIZATION

Pursuant to sections 259-i, 259-r or 259-s of the Executive Law, the State Board of Parole has the power and duty of determining whether eligible inmates may be released on parole, or medical parole and when and under what conditions. Said decision shall be made in accordance with the procedures adopted pursuant to subdivision four of 259-c of the Executive Law. In addition, pursuant to section 803-b of the Correction Law, the State Board of Parole has the power to determine which inmates serving a definite sentence of imprisonment may be conditionally released and when and under what conditions.

SOROKIN, ANNA is hereby granted Parole by the NYS Board of Parole, by virtue of the authority conferred by New York State Law.

DECISION: ☒ OPEN DATE or ☐ ECPDO/CPDO GRANTED

BOARD MEMBERS SIGNATURES

PRINT NAME

SIGN NAME

Marc Cypola
Joe Crangle

Marc Cypola
Joe Crangle

DIN: 19G0366

NYSID: 13963268N

FACILITY: ALBION C.F.

PAROLE BOARD MONTH: October 2020

INTERVIEW DATE: 10/6/2020

INTERVIEW TYPE: Merit

RELEASE TYPE: Merit

DECISION DATE: 10/6/2020

AMENDED DECISION (Board of Parole Use Only)

MERIT TIME GRANTED ☐

VERIFIED BY:

DATE:

☐ Original to Community Supervision Central Files

☐ Copy to Community Supervision Case Folder

☐ Copy to IRC (With Certificate of Release)

☒ Copy to Inmate (With Certificate of Release)

CS3010BOP (10/2020)